

MARRIAGE

New Hampshire Office of Community and Public Health
Bureau of Vital Records
6 Hazen Drive
Concord New Hampshire 03301

OFFICIAL USE ONLY:

NUMBER

REQUESTED

ISSUED

APPLICATION FOR COPY OF MARRIAGE RECORD*PLEASE PRINT*

GROOM'S

NAME: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

BRIDE'S

NAME: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF

MARRIAGE: _____
(MONTH) (DAY) (YEAR)

PLACE OF

MARRIAGE: _____
(CITY/TOWN)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR

SIGNATURE: _____

YOUR RELATIONSHIP

TO GROOM OR BRIDE: _____

**THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE
RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS
REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE**

Number of Certified copies requested:

Long Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

The Certificate(s) will be mailed to the following address:**PLEASE PRINT**

Name

Of Applicant: _____
(FIRST) (MIDDLE) (LAST)

Address

Of Applicant: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant

Phone No.: _____
(AREA CODE & NUMBER)**NOTICE:**

Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly
makes any false statement in an application for a certified copy of a vital record. (RSA
126:24)

VS B-1

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